Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/3/2008</u>	Address:	6100 LJCK CRK RD
Case #:	<u>33-28991</u>		COAL CITY, IN
County:	OWEN		
Operati	aboratory Seizure (check one) onal Lab cal/Glassware/Equipment (only) ite (only)	Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Water Reactive Metal (Lithium): <u>OPEN</u>			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): OPEN			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
	er age 18 discovered (check one) (number present)	Ephedrin	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip
*If yes, fax re	port to Child Protective Services	Other:	•
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: OWEN FD	Fax: HAND DELIVERED	
Health Department: OWEN CO		Fax: 812-829-5044	
Child Prote	ction Service: OWEN CPS	Fax: <u>812-2</u>	<u>68-6452</u>
For further information regarding this methamphetamine laboratory, contact Investigating Officer: JON PATRICK Phone 812-332-4411			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

 This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.